| Name (print) Office (if applicable) | District (if applicable) |
|--|--|
| Name (print) Name (print) SHIVE Y Office (if applicable) District (if applicable) S39 ViA Vent and Drive Mesquife, NV 89027 Mailing Address (include city and zip code) Telephone No. | |
| | |
| Select Appropriate Box(es) CANDIDATE PAC BAG | □POL PRTY □IND EXP □AMENDED |
| | |
| Office with a 2-year term Period: Jan. 5, 2001 Aug. 22, 2002 | |
| Office with a 4-year term Period: Dec. 20, 1998 — Aug 22, 2002 | |
| Office with a 6-year term Period: Dec. 6, 1996 — Aug 22, 2002 BAGs only: Period: Dec. 7, 2000 – Aug 22, 2002 | |
| | |
| Report #2 Due — October 29, 2002 | OCT 2 9 2002 |
| Period: Aug. 23, 2002 — Oct. 24, 2002 | Secretary of State |
| Report #3 Due — January 15, 2003 | |
| Period: Oct. 25, 2002 — Jan. 3, 2003 | FOR OFFICE USE ONLY |
| BAGs only: Period: Oct. 25, 2002 – Dec. 5, 2002 BALANCE | |
| • | |
| This figure should reflect the balance shown on your last Disposition Unspent Contributions Report, or last Contributions & Expenses Re | |
| , | |
| CONTRIBUTIONS SUMM | |
| "Contribution" means a gift, loan, conveyance, deposit, par of money or anything of value other than the services of a volu | yment, transfer or distribution unteer received (NRS 294A 007) |
| Total amount of monetary contributions in excess of \$100 | (1.10 20 1/2001) |
| Total amount of monetary contributions of \$100 or less | (No Actuity) |
| Actual number of monetary contributions of \$100 or less | (No Westername) |
| · · · · · · · · · · · · · · · · · · · | |
| 3. Interest and income earned on contributions, if any | |
| 4. TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines | 1 through 3) |
| 5. Total amount of In Kind Contributions | |
| EXPENSES SUMMAR | RY |
| 6. Total amount of monetary expenses in excess of \$100 | 726.00 |
| 7. Total amount of monetary expenses of \$100 or less | 726.00 |
| 8. Expense for filing fee | |
| 9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 | through 8) 7.3 4, 00 |
| Remaining Balance (Subtract lin | <u> </u> |
| 10. Total amount of In Kind Expenses | le 9 (10) (14) (15) (15) (15) (15) (15) (15) (15) (15 |
| AFFIRMATION | |
| leclare under penalty of perjury that the foregoing is true and correct. | |
| Robert W. Shingles PRECENTE | D 10-29-02 |
| rfature | Date Executed On |
| OCT 2 9 2002 | |
| 201.doc Revised: MAR-02 | A PAGE / OF // |